

Commonwealth of Kentucky Personnel Cabinet

Prepared for:
Kentucky Group Health Insurance Board Members

August 2006

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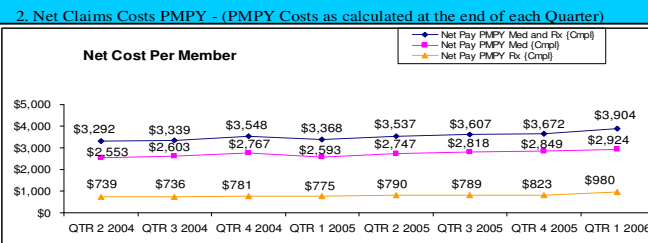
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Dashboard Report

Based on Incurred Claims

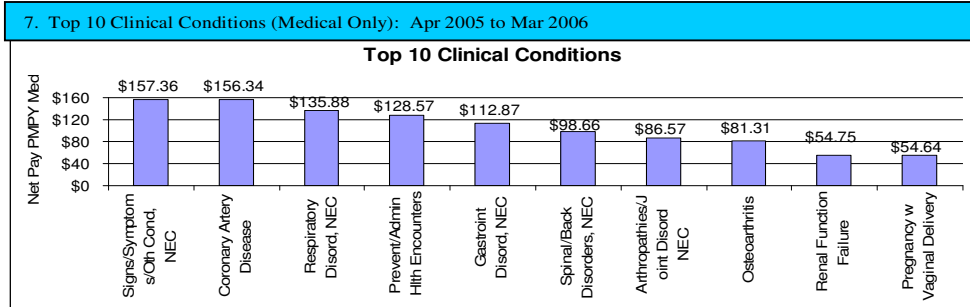
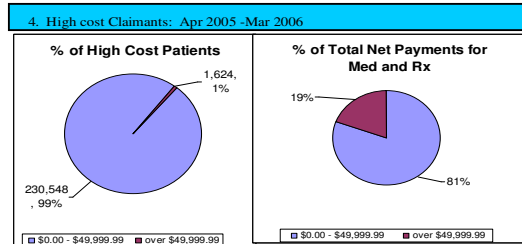
Includes projections for Incurred by not yet reported claims (IBNR or CMPL)

1. Enrollment			
Fact	Apr 2005 - Mar 2006	Apr 2004 - Mar 2005	% Change
Employees Avg Med	144,870	143,764	0.80%
Members Avg Med	231,362	228,030	1.50%
Family Size Avg	1.6	1.6	0.70%
Member Age Avg	37.1	37.0	0.30%



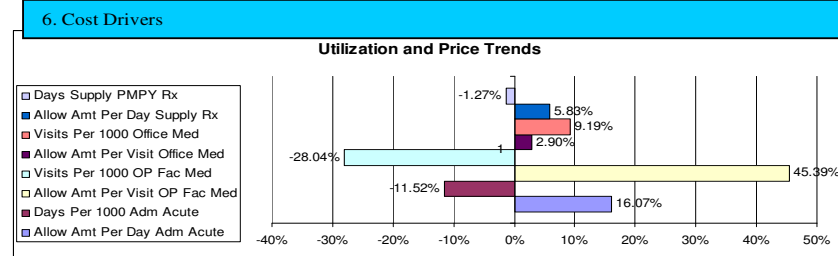
3. Allowed Claims Costs PMPY with Norms					
	Apr 2004 - Mar 2005	Apr 2005 - Mar 2006	Trend	Recent US Norm	Comp to Norm
Allow Amt PMPY Med (Cmpl)	\$2,963.60	\$3,208.30	8%	\$3,366.98	-4.95%
Allow Amt PMPY IP Acute (Cmpl)	\$881.34	\$929.84	6%	N/A	N/A
Allow Amt PMPY OP Med (Cmpl)	\$2,046.71	\$2,260.41	10%	\$2,171.38	3.94%
Allow Amt PMPY OP Fac Med (Cmpl)	\$954.91	\$1,010.52	6%	N/A	N/A
Allow Amt PMPY Office Med (Cmpl)	\$712.68	\$808.04	13%	\$0.00	N/A
Allow Amt PMPY OP Lab (Cmpl)	\$137.25	\$155.00	13%	\$0.00	N/A
Allow Amt PMPY OP Rad (Cmpl)	\$265.81	\$321.66	21%	\$0.00	N/A
Out of Pocket PMPY Med (Cmpl)	\$287.80	\$306.05	6%	\$525.09	-71.57%
Allow Amt PMPY Rx (Cmpl)	\$1,036.82	\$1,099.77	6%	\$894.24	18.69%
Out of Pocket PMPY Rx (Cmpl)	\$279.03	\$253.26	-9%	\$0.00	N/A

Above Norm
Below Norm



5. Prescription Drug Programs				
	Fact	Apr 2004 - Mar 2005	Apr 2005 - Mar 2006	% Change
Mail Order	Discount Off AWP % Rx	29.03%	28.02%	-3.47%
	Scripts Generic Efficiency Rx	84.01%	87.51%	4.17%
Retail	Discount Off AWP % Rx	24.92%	28.87%	15.83%
	Scripts Generic Efficiency Rx	88.96%	92.22%	3.66%
Total	Discount Off AWP % Rx	25.39%	28.76%	13.24%
	Scripts Generic Efficiency Rx	88.75%	92.03%	3.70%
	Scripts Maint Rx % Mail Order	5.99%	6.13%	2.29%

6.b. Cost Driver Support Table			
Fact	Apr 2004 - Mar 2005	Apr 2005 - Mar 2006	% Change
Allow Amt Per Day Adm Acute	\$2,504.38	\$2,859.71	14.19%
Days Per 1000 Adm Acute	347.87	314.90	-9.48%
Allow Amt Per Visit OP Fac Med	\$490.71	\$681.20	38.82%
Visits Per 1000 OP Fac Med	1,945.52	1,467.20	-24.59%
Allow Amt Per Visit Office Med	\$101.83	\$105.14	3.25%
Visits Per 1000 Office Med	6,997.48	7,622.96	8.94%
Allow Amt Per Day Supply Rx	\$2.08	\$2.19	5.63%
Days Supply PMPY Rx	498.98	501.02	0.41%



Introduction

The Department for Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees Health Plan. In response to requests for data analysis this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to continue to provide current information about Kentucky's Health Insurance Program.

Overview

This report is compiled using Medstat, which is DEI's health insurance information management system. Medstat warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Medstat is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2005 Medstat processed enrollment information for a total of 253,984 members as well as 7,196,140 claims (3,083,368 Medical claims and 4,048,855 prescriptions) from up to five different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Medstat.

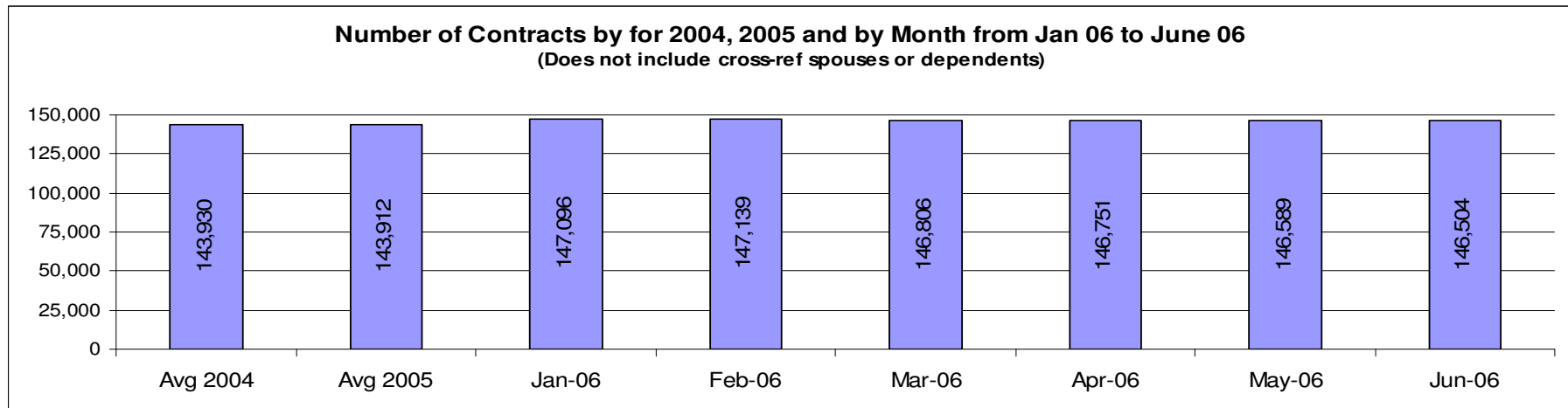
Definitions

DEI utilized the following definitions in preparing reports:

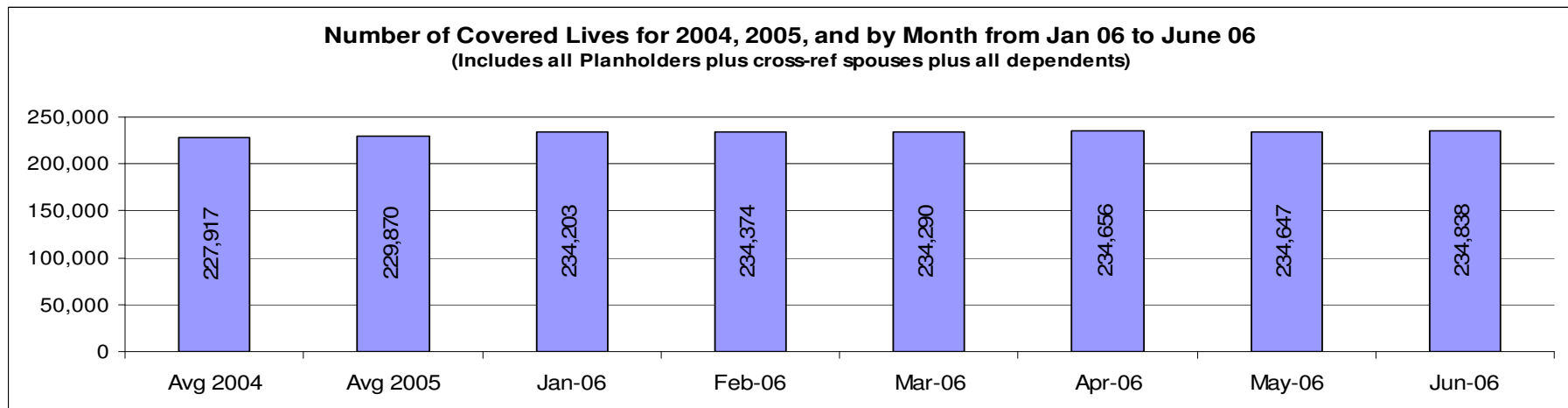
- “Employee” represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Medstat deals with Cross-reference plans uniquely. Although there are in fact two “employees” Medstat can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a “member”.
- “Member” includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- “Group” is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- “Plan” is Commonwealth Essential, Commonwealth Enhanced, Commonwealth Premier, HMO Option A, HMO Option B, POS Option A, POS Option B, PPO Option A, PPO Option B, or EPO Option C.
- “Carrier” may be Aetna, Anthem, Bluegrass Family Health, CHA Health, United Healthcare, or Humana (please note that Express Scripts data is designated as Humana).
- “Generic Efficiency” means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- “OOP” is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- “Allowed Amount” is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- “Net Payment” is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- “Patients” is the unique count of members who received facility, professional, or pharmacy services.
- “Days Supply” is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- “Mail Order” is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- “Retail” is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.

Enrollment

The following details planholder enrollment (contracts) for 2004, 2005, and monthly year-to-date for 2006. Enrollment will fluctuate on a monthly basis. (Note: There have been approximately 7,000 cross-referenced spouses in any given month that are not included in the following chart.)



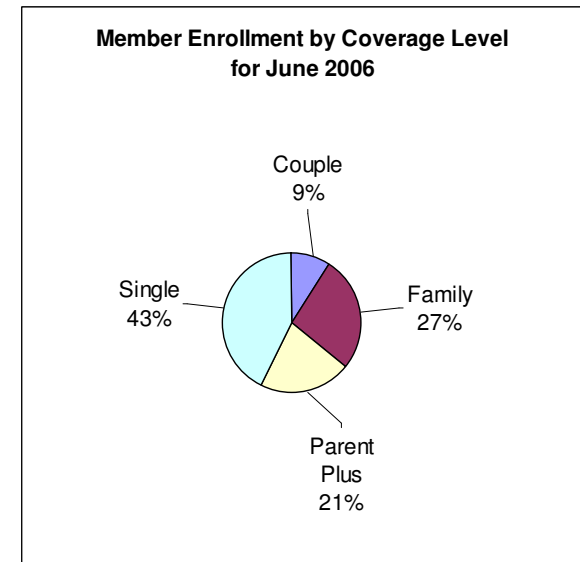
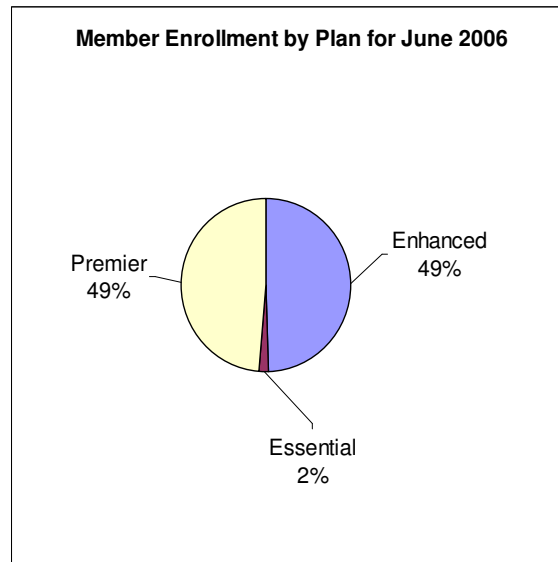
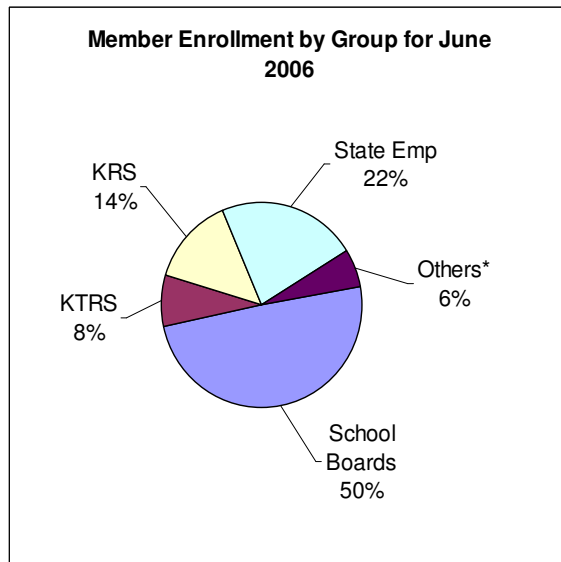
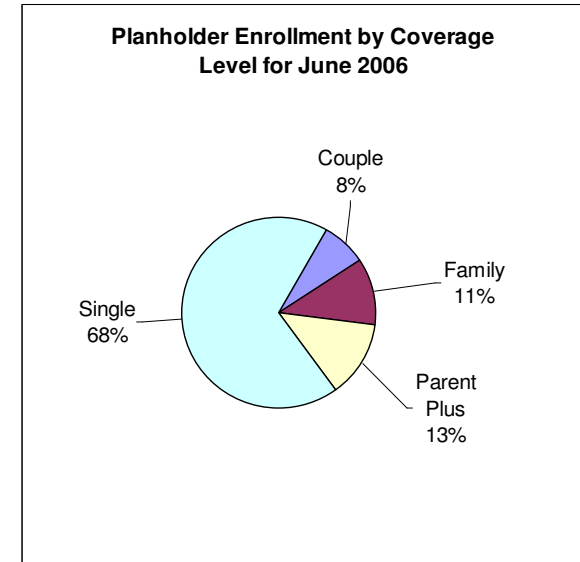
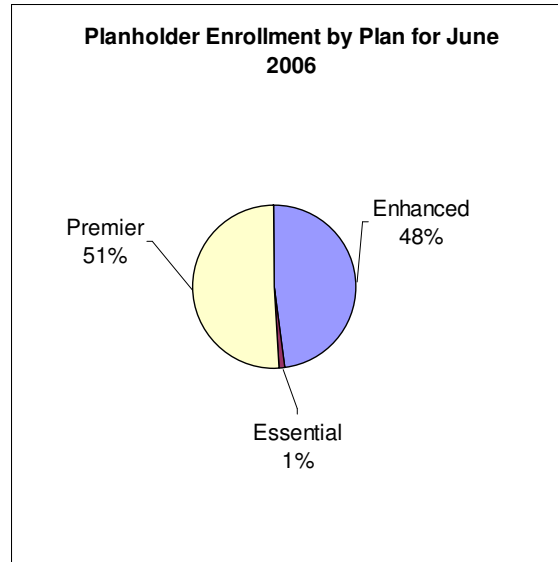
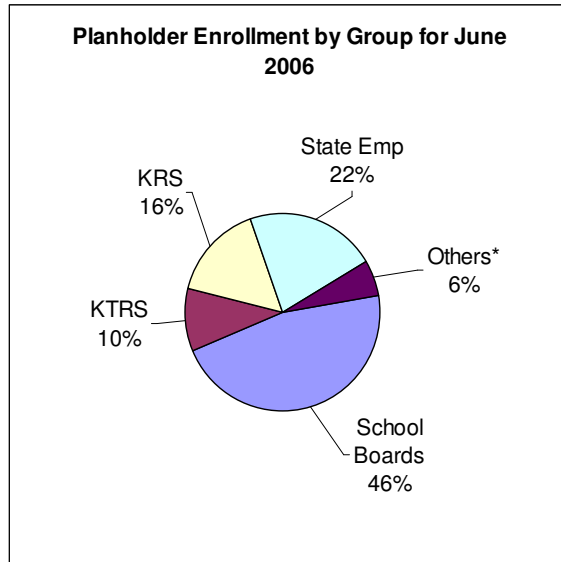
The following details member enrollment (covered lives) for 2004, 2005, and monthly year-to-date for 2006. Enrollment will fluctuate on a monthly basis.



The following shows the number of cross-reference spouses for 2004, 2005, and monthly year-to-date for 2006. Number of Cross-Reference Spouses will fluctuate on a monthly basis.

Time Period	Number of Cross-Reference Spouses
Avg - 2004	5,004
Avg - 2005	7,020
Jan-06	7,075
Feb-06	7,072
Mar-06	7,084
Apr-06	7,104
May-06	7,097
Jun-06	7,111

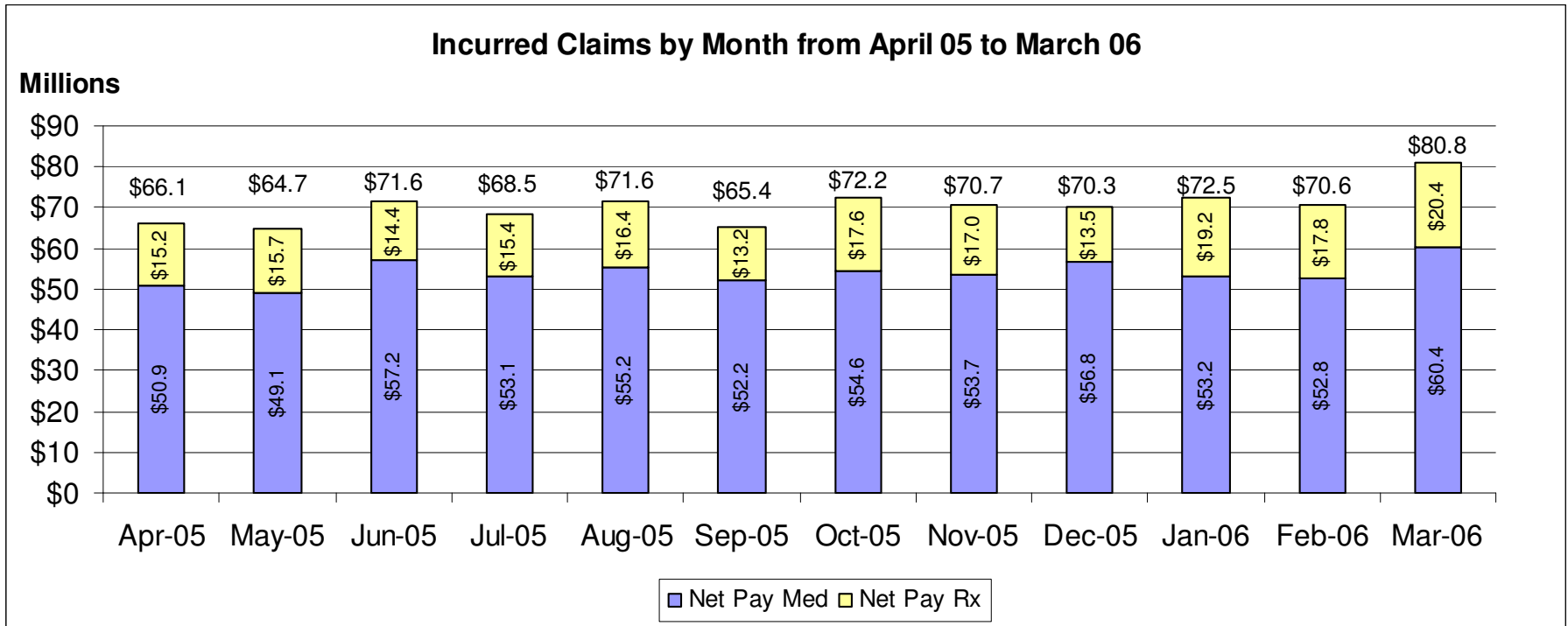
The following displays Planholder and Member enrollment by group, plan, and coverage level.



* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs

Claims costs, including Medical and Prescription (Rx) for the most recent rolling year. Based on Incurred Claims.



NOTE: Includes run out data from all Carriers

The following represents incurred medical claims only (does not include RX) by Group for 2004, 2005, and monthly year-to-date for 2006.

	School Boards	KTRS	KRS	State Employees	Others*	Totals
2004	\$246,708,504.45	\$70,864,559.06	\$106,240,493.96	\$123,319,109.85	\$43,252,974.94	\$590,385,642.26
2005	\$258,110,462.43	\$80,310,244.38	\$121,928,907.80	\$126,269,610.85	\$44,186,180.59	\$630,805,406.05
Jan-06	\$21,140,875.38	\$6,830,105.34	\$11,155,224.07	\$10,861,606.29	\$3,226,688.31	\$53,214,499.39
Feb-06	\$21,280,529.52	\$6,643,538.09	\$10,629,112.09	\$10,452,549.48	\$3,840,925.90	\$52,846,655.08
Mar-06	\$24,165,481.27	\$7,666,707.34	\$11,410,153.83	\$13,274,111.48	\$3,929,277.44	\$60,445,731.36

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

The following represents incurred Rx claims only (does not include medical) by Group for 2004, 2005, and monthly year-to-date for 2006.

	School Boards	KTRS	KRS	State Employees	Others*	Total RX
2004	\$65,554,794.38	\$24,644,840.92	\$34,889,674.56	\$32,570,249.56	\$10,837,392.94	\$168,496,952.36
2005	\$69,887,150.62	\$27,053,355.52	\$39,774,805.46	\$34,097,170.43	\$11,777,398.55	\$182,589,880.58
Jan-06	\$7,463,118.06	\$2,900,856.28	\$4,267,871.39	\$3,526,389.06	\$1,077,519.75	\$19,235,754.54
Feb-06	\$7,091,772.30	\$2,494,891.14	\$3,894,615.18	\$3,289,683.65	\$1,004,688.67	\$17,775,650.94
Mar-06	\$8,157,546.54	\$2,974,575.95	\$4,373,915.81	\$3,733,853.02	\$1,137,074.27	\$20,376,965.59

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

The following represents incurred medical claims only (does not include RX) by Plan for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Commonwealth Enhanced	Commonwealth Essential	Commonwealth Premier	HMO*	POS*	PPO*	EPO Option C	Missing*	Total
2004	\$618,382.95	\$103,009.53	\$991,693.67	\$213,246,451.56	\$41,115,691.71	\$325,509,131.11	\$5,549,068.60	\$3,252,213.13	\$590,385,642.26
2005	\$223,064,082.50	\$5,689,602.14	\$398,437,437.33	\$12,938.09	\$3,034.50	\$183,482.08	\$70.00	\$3,414,759.41	\$630,805,406.05
Jan-06	\$19,328,494.55	\$366,598.57	\$33,424,764.12	\$0.00	\$0.00	\$0.00	\$0.00	\$94,642.15	\$53,214,499.39
Feb-06	\$19,578,061.73	\$571,675.57	\$32,403,096.80	\$0.00	\$0.00	\$0.00	\$0.00	\$293,820.98	\$52,846,655.08
Mar-06	\$22,584,711.60	\$348,330.76	\$37,084,112.43	\$0.00	\$0.00	\$0.00	\$0.00	\$428,576.57	\$60,445,731.36

*HMO = HMO Option A plus HMO Option B POS = POS Option A plus POS Option B PPO= PPO Option A plus PPO Option B

*Missing means the claims could not be tagged to a specific plan.

The following represents incurred RX claims only (does not include medical) by plan for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Commonwealth Enhanced	Commonwealth Essential	Commonwealth Premier	HMO*	POS*	PPO*	EPO Option C	Missing*	Total
2004	\$45,196.37	\$2,358.85	\$74,908.67	\$59,139,093.33	\$13,498,632.66	\$94,806,541.55	\$684,426.29	\$245,794.64	\$168,496,952.36
2005	\$64,825,824.78	\$1,335,382.12	\$115,890,296.63	\$13,027.12	\$3,673.82	\$25,482.51	\$496.21	\$495,697.39	\$182,589,880.58
Jan-06	\$6,873,063.18	\$107,012.83	\$12,211,841.94	\$0.00	\$0.00	\$0.00	\$0.00	\$43,836.59	\$19,235,754.54
Feb-06	\$6,457,658.57	\$96,291.50	\$11,134,087.67	\$0.00	\$0.00	\$0.00	\$0.00	\$87,613.20	\$17,775,650.94
Mar-06	\$7,462,073.91	\$97,504.65	\$12,731,182.94	\$0.00	\$0.00	\$0.00	\$0.00	\$86,204.09	\$20,376,965.59

*HMO = HMO Option A plus HMO Option B POS = POS Option A plus POS Option B PPO= PPO Option A plus PPO Option B

*Missing means the claims could not be tagged to a specific plan.

The following represents incurred medical claims only (does not include RX) by Carrier for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Anthem	Bluegrass Family Health	CHA Health	Humana	United Healthcare	~Missing*	Total
2004	\$534,700.58	\$224,147,609.17	\$139,752,113.03	\$222,352,699.13	\$346,307.22	\$3,252,213.13	\$590,385,642.26
2005	\$89,668,343.92	\$226,511,267.55	\$118,617,723.33	\$394,952.10	\$192,198,359.74	\$3,414,759.41	\$630,805,406.05
Jan-06	\$6,473.39	\$103,018.82	\$10,466.41	\$52,988,592.39	\$11,306.23	\$94,642.15	\$53,214,499.39
Feb-06	\$0.00	\$0.00	\$0.00	\$52,552,834.10	\$0.00	\$293,820.98	\$52,846,655.08
Mar-06	\$0.00	\$0.00	\$0.00	\$60,017,154.79	\$0.00	\$428,576.57	\$60,445,731.36

*Missing means the claims could not be tagged to a specific Carrier.

The following represents incurred Rx claims only (does not include medical) by Carrier for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Anthem	Bluegrass Family Health	CHA Health	Humana	United Healthcare	~Missing*	Total
2004	\$17,314.23	\$61,324,943.53	\$42,603,314.32	\$64,273,188.92	\$32,396.72	\$245,794.64	\$168,496,952.36
2005	\$28,622,497.29	\$67,495,824.87	\$33,664,450.47	\$39,268.36	\$52,272,142.20	\$495,697.39	\$182,589,880.58
Jan-06	\$9,191.22	\$31,844.64	\$17,396.52	\$19,125,735.61	\$7,749.96	\$43,836.59	\$19,235,754.54
Feb-06	\$0.00	\$0.00	\$0.00	\$17,688,037.74	\$0.00	\$87,613.20	\$17,775,650.94
Mar-06	\$0.00	\$0.00	\$0.00	\$20,290,761.50	\$0.00	\$86,204.09	\$20,376,965.59

*Missing means the claims could not be tagged to a specific Carrier.

The following represents incurred medical claims only (does not include Rx) by Coverage Level for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$79,895,502.95	\$103,797,485.47	\$85,472,423.09	\$317,968,017.62	\$3,252,213.13	\$590,385,642.26
2005	\$87,629,139.56	\$118,182,922.64	\$87,553,077.12	\$334,025,115.93	\$3,415,150.80	\$630,805,406.05
Jan-06	\$7,662,000.09	\$9,576,946.78	\$6,941,227.51	\$28,939,682.86	\$94,642.15	\$53,214,499.39
Feb-06	\$7,876,217.69	\$9,465,854.18	\$6,506,781.83	\$28,703,980.40	\$293,820.98	\$52,846,655.08
Mar-06	\$8,661,962.72	\$11,103,563.75	\$7,379,460.12	\$32,872,168.20	\$428,576.57	\$60,445,731.36

* Unable to tag claims to a specific coverage level.

The following represents incurred Rx claims only (does not include Medical) by Coverage Level for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$26,000,775.03	\$29,722,962.17	\$19,085,089.20	\$93,442,331.32	\$245,794.64	\$168,496,952.36
2005	\$28,878,240.28	\$34,168,782.96	\$19,130,583.69	\$99,916,275.29	\$495,998.36	\$182,589,880.58
Jan-06	\$3,208,039.31	\$3,473,036.58	\$2,047,831.30	\$10,463,010.76	\$43,836.59	\$19,235,754.54
Feb-06	\$2,879,450.23	\$3,253,455.60	\$1,981,034.42	\$9,574,097.49	\$87,613.20	\$17,775,650.94
Mar-06	\$3,232,560.46	\$3,775,145.67	\$2,255,166.16	\$11,027,889.21	\$86,204.09	\$20,376,965.59

* Unable to tag claims to a specific coverage level.

Medical Claims Utilization

The following is based on medical claims (does not include Rx) incurred from January 2006 to March 2006. (Note: Services are tracked by each service, not by each visit. Therefore if two laboratory services are performed at one visit, it will count as two services.)

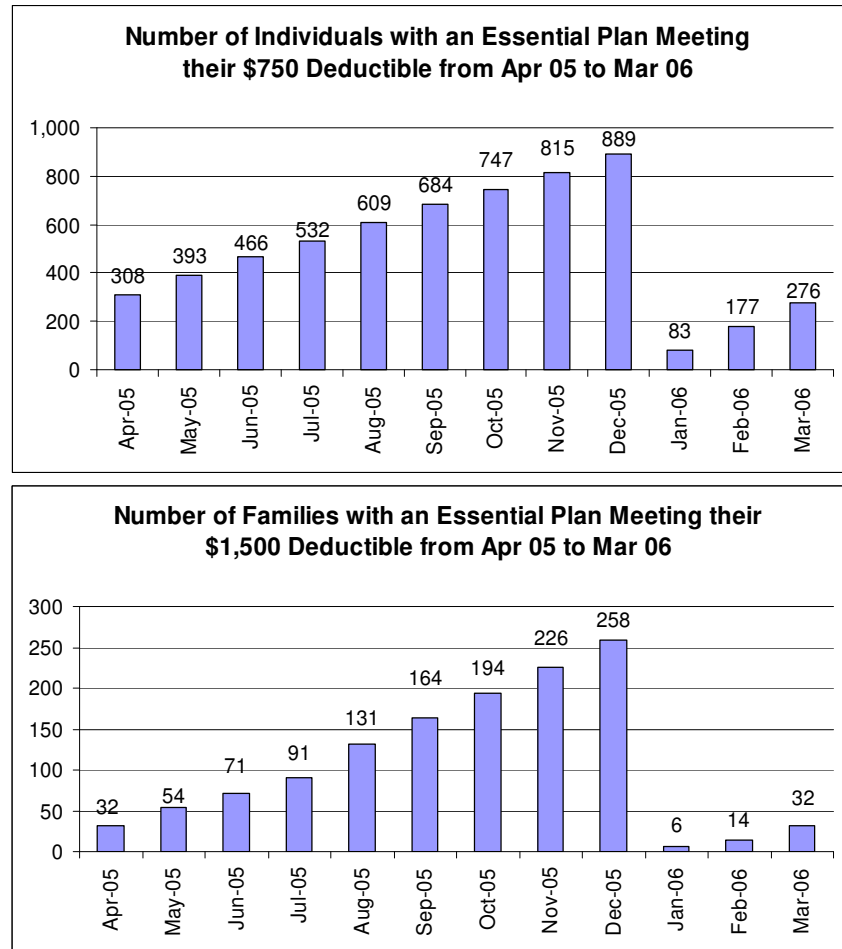
Plans	Number of Hospital Admits per 1000 Members	Average Length of Stay per Admission	Total Admission Days Per 1000 Members	Office Visits per 1000 Members	ER Visits Per 1000 Members	Outpatient Laboratory Services Per 1000 Members	Outpatient Radiology Services Per 1000 Members
Commonwealth Enhanced	67.11	3.68	247.11	7,130.64	189.48	6,341.28	2,275.07
Commonwealth Essential	50.56	4.58	231.52	3,634.24	149.91	3,593.44	1,245.42
Commonwealth Premier	101.36	4.31	436.55	9,385.94	222.83	9,056.89	3,261.01
~Missing		6.79					
All Plans	84.12	4.08	343.39	8,184.05	205.61	7,633.17	2,742.48

*Missing means the claims could not be tagged to a specific plan.

Analysis of Individuals and Families meeting their Deductible

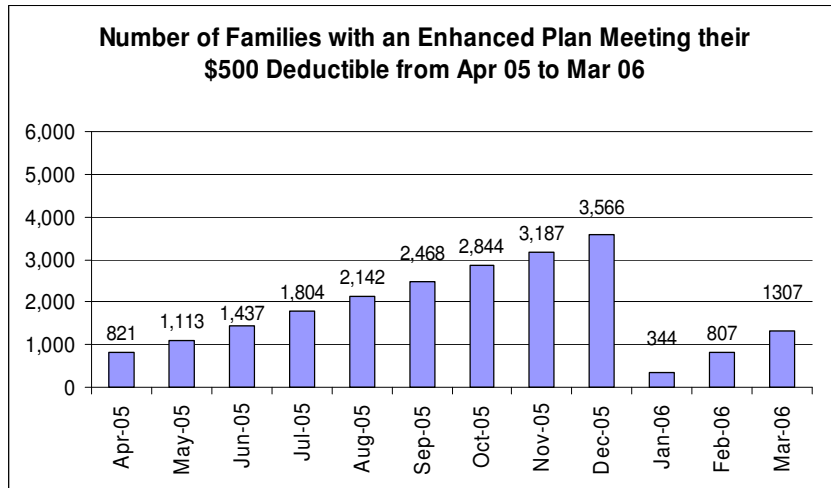
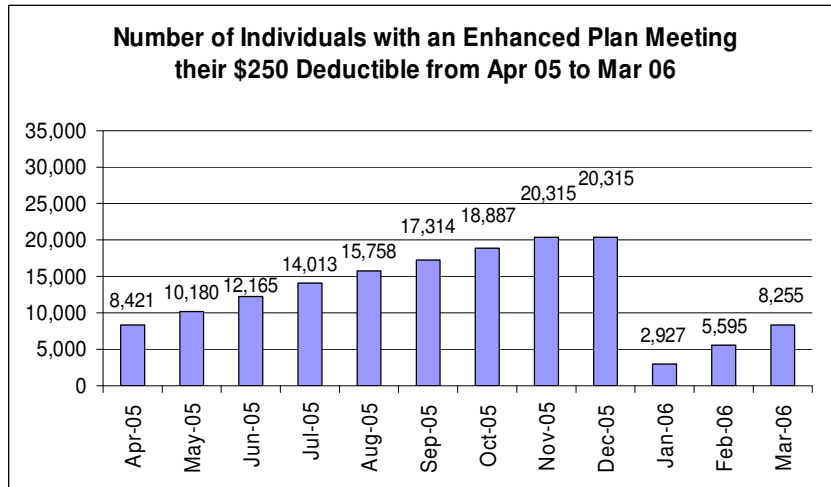
The following details the number of individuals and families by plan, meeting their deductible amounts for the most recent rolling year. The report is based on incurred claims.

Essential

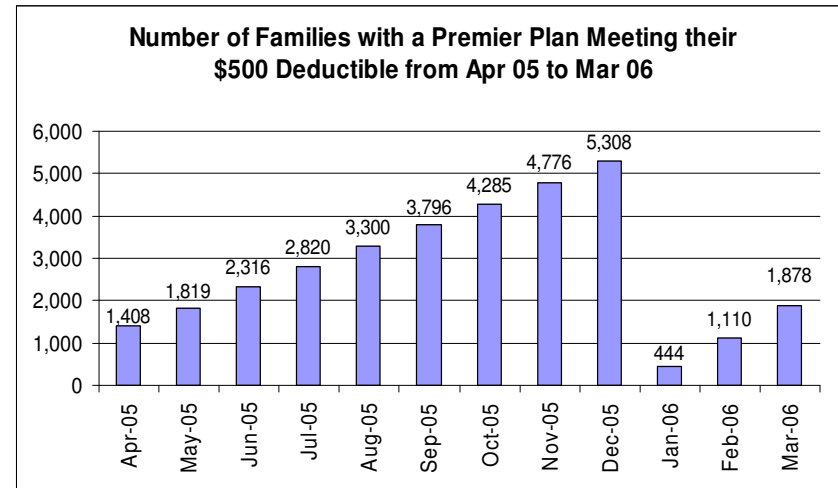
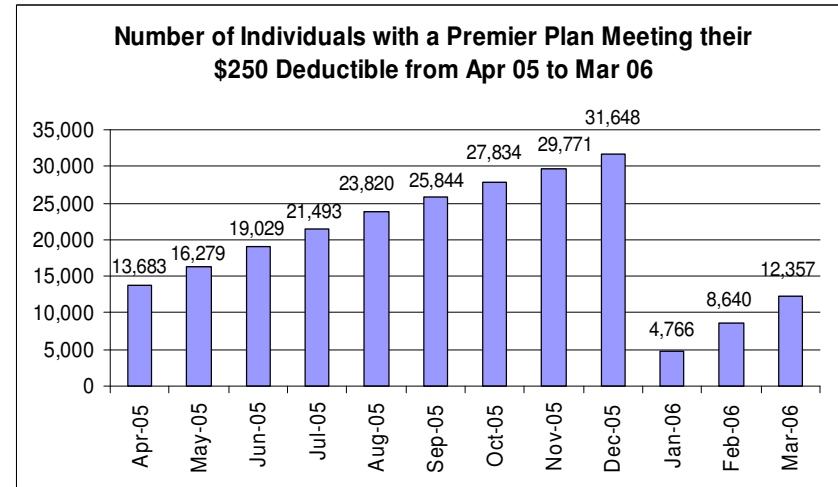


A total of 18.48% of Individuals with an Essential Plan met their deductible while 12.36% of Families met their deductible in 2005.

Enhanced



Premier

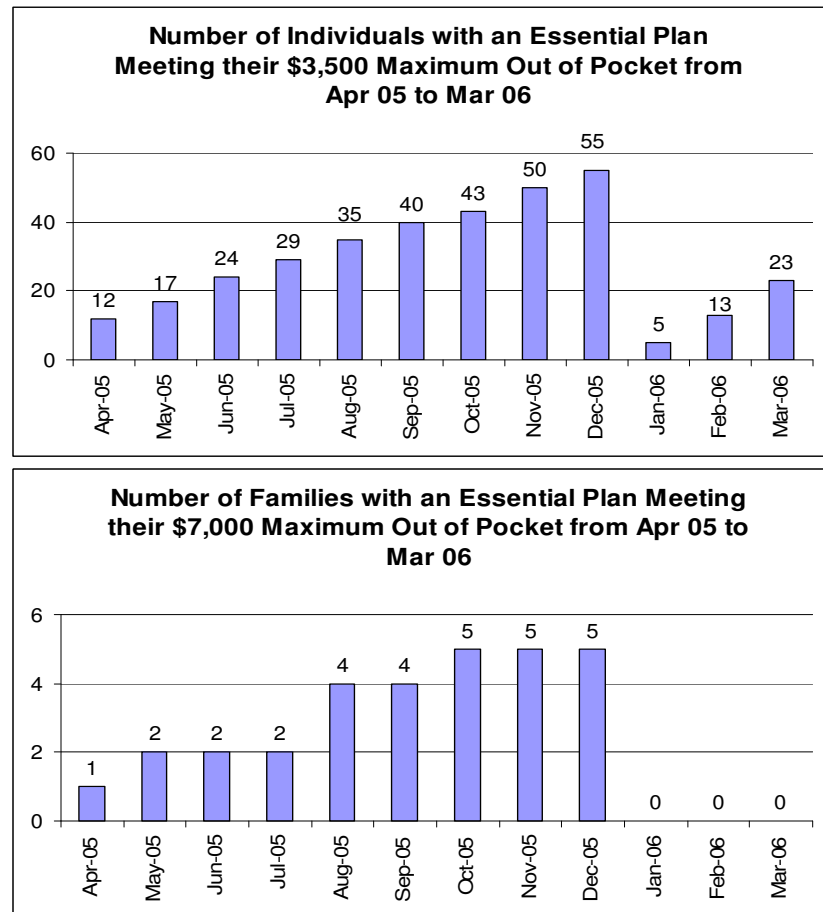


A total of 18.24% of Individuals with an Enhanced Plan met their deductible while 5.16% of Families met their deductible in 2005.
A total of 27.85% of Individuals with a Premier Plan met their deductible while 6.93% of Families met their deductible in 2005.

Analysis of Individuals and Families meeting their Maximum Out of Pocket expenses.

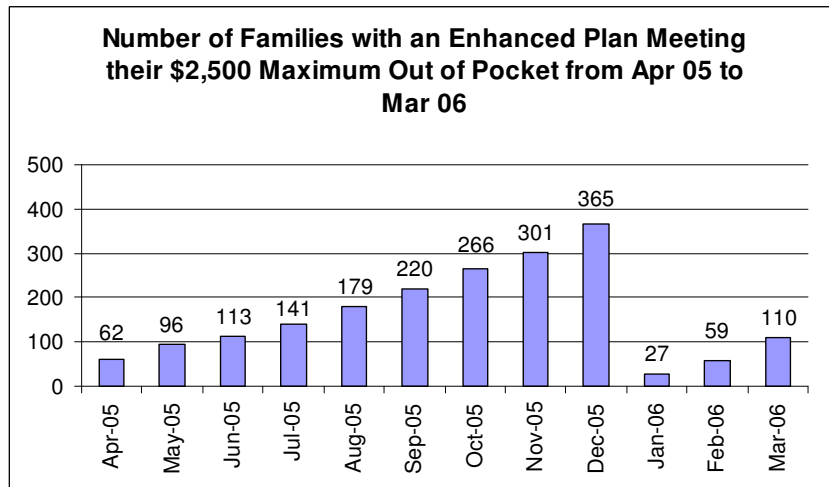
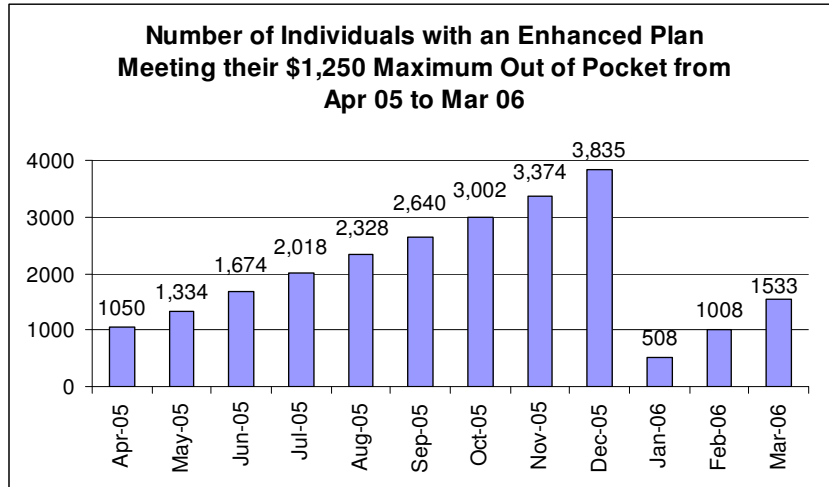
The following details the number of individuals and families by plan, meeting their maximum out of pocket amounts for the most recent rolling year. The report is based on incurred claims.

Essential

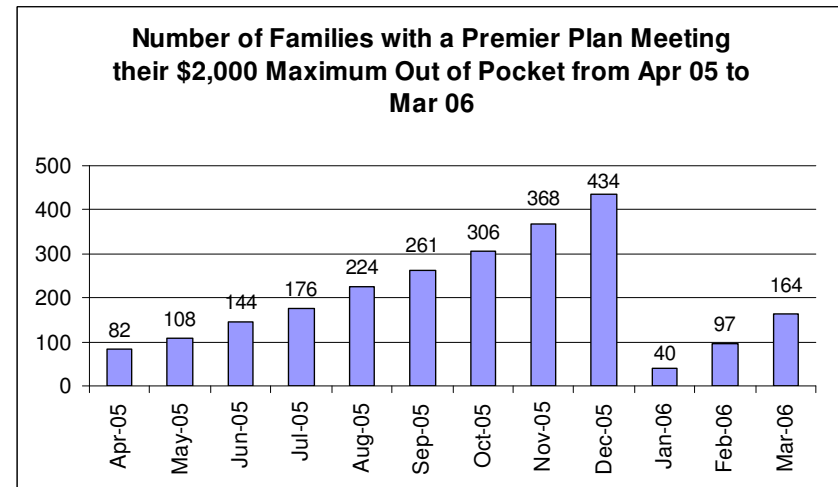
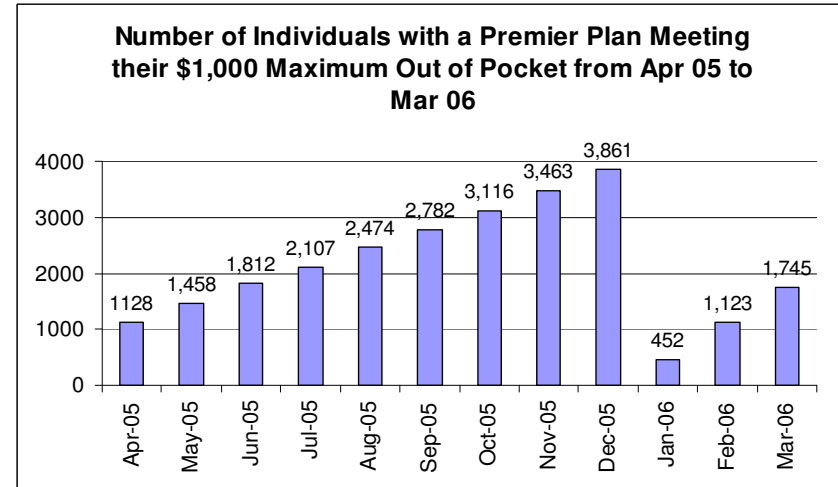


A total of 1.14% of Individuals with an Essential Plan met their Maximum Out of Pocket while 0.24% of Families met their Maximum Out of Pocket in 2005.

Enhanced



Premier



A total of 3.44% of Individuals with an Enhanced Plan met their Maximum Out of Pocket while 0.53% of Families met their Maximum Out of Pocket in 2005.

A total of 3.40% of Individuals with a Premier Plan met their Maximum Out of Pocket while 0.57% of Families met their Maximum Out of Pocket in 2005.

Premium (or Premium Equivalent)

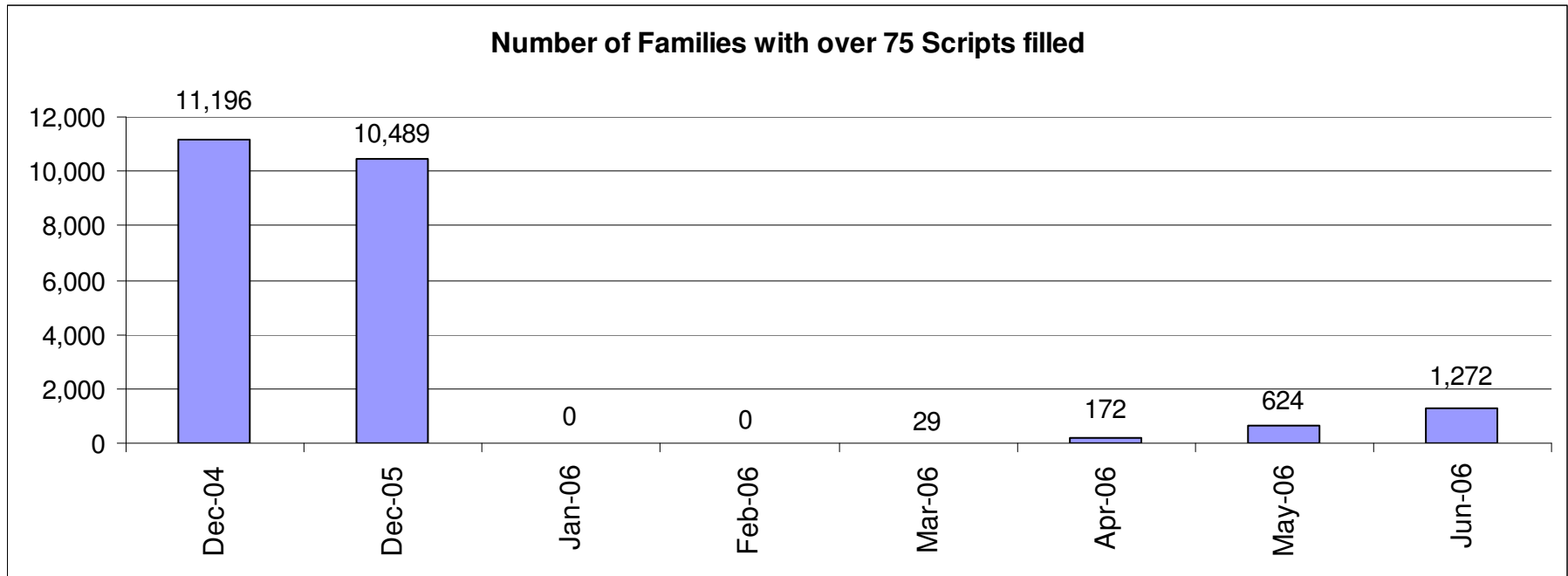
The following details the amount of premium (or premium equivalent) paid by the employee and employer for 2005, and monthly year-to-date for 2006.

Time Period	Employee Premium Amount	Employer Premium Amount	Total Premium Amount
2005	\$143,746,541.83	\$808,691,861.43	\$952,438,403.26
Jan-06	\$12,823,810.13	\$83,835,650.26	\$96,659,460.39
Feb-06	\$12,803,869.97	\$83,884,677.26	\$96,688,547.23
Mar-06	\$12,786,302.31	\$83,730,461.16	\$96,516,763.47
Apr-06	\$12,805,772.22	\$83,729,703.81	\$96,535,476.03
May-06	\$12,791,951.97	\$83,656,429.10	\$96,448,381.07
Jun-06	\$12,789,119.91	\$83,646,529.63	\$96,435,649.54

NOTE: Premium (or premium equivalent) is based on enrollment using published premium rates – it is NOT based on actual payments received!

Prescription Drug Utilization

The following details the number of families that have purchased 75 scripts or more during 2004, 2005, and monthly year-to-date for 2006. After a family has filled 75 prescriptions the co-payment was reduced to \$10 for 2nd tier and \$20 for 3rd tier.



The following details the type of prescription filled, the % that were generic, and the generic efficiency rate for the most recent rolling year. The generic percentage rate and generic efficiency rate increased in 2006. Based on Incurred claims.

	Generic	Brand Name, Generic Available	Brand Name	Other*	Total	Scripts Rx % Generic	Scripts Generic Efficiency Rx
Apr-05	168,594	16,688	155,418	7,478	348,178	48.42%	90.99%
May-05	174,122	17,003	159,401	7,552	358,078	48.63%	91.10%
Jun-05	158,312	15,493	140,101	7,306	321,212	49.29%	91.09%
Jul-05	164,405	15,860	146,904	7,662	334,831	49.10%	91.20%
Aug-05	173,310	16,546	157,804	8,027	355,687	48.73%	91.28%
Sep-05	144,236	13,156	126,998	6,930	291,320	49.51%	91.64%
Oct-05	181,793	16,040	161,271	8,398	367,502	49.47%	91.89%
Nov-05	183,499	15,554	158,904	8,500	366,457	50.07%	92.19%
Dec-05	151,216	12,560	120,060	9,678	293,514	51.52%	92.33%
Jan-06	194,168	14,775	155,961	7,340	372,244	52.16%	92.93%
Feb-06	186,941	13,158	148,163	7,314	355,576	52.57%	93.42%
Mar-06	214,625	14,519	168,464	7,906	405,514	52.93%	93.66%

*Includes: Over the Counter (usually includes items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (unable to tag to a specific group).

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred claims.

	Members	Patients	Scripts	Scripts Per Member	Scripts Per Patient	Allow Amt Per Script*	Net Pay Per Script	Average out of pocket cost per member	Average out of pocket cost per patient
Apr-05	229,071	129,938	348,178	1.52	3.08	\$59.39	\$43.70	\$23.82	\$41.99
May-05	229,114	130,934	358,078	1.56	3.14	\$59.19	\$43.77	\$24.06	\$42.11
Jun-05	229,256	128,231	321,212	1.40	2.99	\$60.00	\$44.77	\$21.30	\$38.08
Jul-05	229,228	128,720	334,831	1.46	3.07	\$61.21	\$46.06	\$22.10	\$39.36
Aug-05	227,528	132,249	355,687	1.56	3.15	\$61.25	\$46.14	\$23.57	\$40.56
Sep-05	228,123	125,458	291,320	1.28	2.85	\$60.19	\$45.33	\$18.93	\$34.43
Oct-05	233,058	133,800	367,502	1.58	3.17	\$62.77	\$47.86	\$23.47	\$40.89
Nov-05	233,617	134,802	366,457	1.57	3.15	\$60.45	\$46.29	\$22.17	\$38.43
Dec-05	234,180	127,376	293,514	1.25	2.93	\$59.97	\$46.03	\$17.42	\$32.03
Jan-06	234,184	143,031	372,244	1.59	3.03	\$63.46	\$51.68	\$18.74	\$30.68
Feb-06	234,341	143,314	355,576	1.52	2.88	\$61.67	\$49.99	\$17.73	\$28.99
Mar-06	234,253	150,825	405,514	1.73	3.09	\$61.89	\$50.25	\$20.15	\$31.29

* "Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.

The following top 25 drug analysis is based on Rx claims incurred from January 2006 to March 2006.

Product Name	Total Rx Payments	Net Pay Rx as % of All Drugs	Number of Scripts	Net Pay Per Day Supply Rx	Number of members receiving an RX
ZOCOR	\$3,053,107	5.32%	21,235	\$3.85	10,970
NEXIUM	\$1,735,026	3.02%	11,149	\$4.35	5,628
SINGULAIR	\$1,255,659	2.19%	14,080	\$2.55	7,525
PREVACID	\$1,209,327	2.11%	7,826	\$4.40	4,053
EFFEXOR-XR	\$1,088,213	1.90%	9,035	\$3.61	3,997
ZOLOFT	\$993,458	1.73%	12,447	\$2.36	6,071
ENBREL	\$973,026	1.70%	665	\$50.34	291
WELLBUTRIN XL	\$926,074	1.61%	7,339	\$3.71	3,601
AVANDIA	\$846,619	1.48%	6,089	\$4.02	2,797
PLAVIX	\$803,877	1.40%	6,280	\$3.64	2,800
PROTONIX	\$790,577	1.38%	8,000	\$2.84	4,174
CRESTOR	\$786,406	1.37%	9,558	\$2.28	4,878
LEXAPRO	\$773,551	1.35%	11,972	\$1.93	5,937
VYTORIN	\$738,138	1.29%	9,360	\$2.17	4,744
TOPAMAX	\$712,219	1.24%	3,222	\$6.70	1,611
FEXOFENADINE HCL	\$668,136	1.16%	12,616	\$1.67	7,310
ACTOS	\$639,737	1.11%	4,430	\$4.07	2,100
LEVAQUIN	\$583,846	1.02%	6,507	\$9.94	5,741
LOTREL	\$553,426	0.96%	6,790	\$2.37	2,969
AZITHROMYCIN	\$539,765	0.94%	19,184	\$5.81	17,312
LIPITOR	\$525,957	0.92%	6,675	\$2.07	3,571
ADVAIR DISKUS 250/50	\$505,111	0.88%	3,069	\$4.73	1,975
CELEBREX	\$503,789	0.88%	4,184	\$3.32	2,349
TRICOR	\$489,505	0.85%	5,356	\$2.58	2,513
ZYRTEC	\$483,821	0.84%	13,489	\$1.06	8,305

In summary the top 25 drugs represent 19% of the total scripts and over 38% of total Rx expenditures.

Summary	Total Rx Payments	Number of Scripts	Days Supply Rx
Top Drugs	\$22,178,369	220,557	6,953,015
All Product Names	\$57,388,371	1,133,334	31,700,918
Top Drugs as Pct of All Drugs	38.65%	19.46%	21.93%

Utilization

The top 25 clinical conditions based on “incurred claims” from January 2006 to March 2006 are detailed below. (Note: Total Medical Payments represents only the payments made for the specified condition.)

Clinical Conditions	Total Medical Payments	Medical Payments Inpatient	Medical Payments Outpatient	Admissions per 1000 Members	Average Length of Stay per Admission	Office Visits Per 1000 Members	ER Visits Per 1000 Members	Number of Patients	Net Pay Per Patient Medical
“Other” conditions not otherwise categorized*	\$9,690,484.22	\$1,702,477.80	\$7,919,230.16	2.68	8.11	326.4	12.34	24,462	\$396.14
Coronary Artery Disease	\$8,750,870.38	\$5,737,537.93	\$3,012,718.58	5.48	3.33	70.89	2.89	3,332	\$2,626.31
Respiratory Disord, NEC	\$8,716,409.58	\$2,339,347.98	\$6,304,676.75	3.06	2.49	132.33	17.11	9,373	\$929.95
Gastroint Disord, NEC	\$7,279,708.12	\$1,537,155.46	\$5,742,214.12	2.3	4.19	165.15	15.4	10,712	\$679.58
Prevent/Admin Hlth Encounters	\$7,176,594.06	\$25,038.25	\$7,150,204.32	0.03	1.5	567.86	0.58	38,185	\$187.94
Spinal/Back Disorders, NEC	\$6,404,003.68	\$1,528,754.08	\$4,866,589.51	1.49	2.7	611.96	4.8	12,285	\$521.29
Arthropathies/Joint Disord NEC	\$5,179,051.49	\$372,965.24	\$4,795,022.11	0.65	3.71	660.62	6.11	18,269	\$283.49
Osteoarthritis	\$4,767,250.47	\$2,737,833.90	\$2,026,237.44	2.48	3.75	182.41	0.29	6,082	\$783.83
Infections - ENT Ex Otitis Med	\$3,944,125.24	\$155,244.23	\$3,788,684.98	0.6	2.69	755.44	13.33	37,156	\$106.15
Pregnancy w Vaginal Delivery	\$3,259,629.54	\$3,235,666.32	\$23,963.22	5.89	2.26	0.85	0	591	\$5,515.45
Cancer - Breast	\$2,942,752.70	\$130,672.15	\$2,812,080.55	0.32	3.32	53.03	0.09	1,201	\$2,450.25
Cholecystitis/Cholelithiasis	\$2,634,772.63	\$848,783.64	\$1,785,988.99	1.78	3.38	7.73	1.43	736	\$3,579.85
Hypertension, Essential	\$2,424,511.94	\$519,887.77	\$1,904,314.54	0.73	4.19	335.53	1.79	18,018	\$134.56
Chemotherapy Encounters	\$2,352,694.14	\$321,151.82	\$2,031,542.32	0.34	4.05	0.9	0	159	\$14,796.82
Condition Rel to Tx - Med/Surg	\$2,190,657.65	\$1,592,965.87	\$597,691.78	2.22	5.26	5.92	1.64	675	\$3,245.42
Hernia/Reflux Esophagitis	\$2,132,606.80	\$521,959.55	\$1,610,647.25	0.82	4.15	54.16	1.42	3,625	\$588.31
Nutritional Disorders, NEC	\$2,111,627.05	\$424,589.16	\$1,686,189.32	0.99	4.34	213.31	1.78	16,148	\$130.77

Clinical Conditions	Total Medical Payments	Medical Payments Inpatient	Medical Payments Outpatient	Admissions per 1000 Members	Average Length of Stay per Admission	Office Visits Per 1000 Members	ER Visits Per 1000 Members	Number of Patients	Net Pay Per Patient Medical
Gynecological Disord, NEC	\$2,039,415.57	\$255,054.60	\$1,784,263.12	0.68	1.9	80.31	1.18	5,795	\$351.93
Infec/Inflam – Skin/Subcu Tiss	\$2,014,083.11	\$490,988.09	\$1,516,865.00	1.13	4.38	221.67	3.19	10,987	\$183.32
Newborns, w/w/o Complication	\$2,009,639.38	\$1,876,813.25	\$132,582.51	5.29	3.85	3.07	0	600	\$3,349.40
ENT Disorders, NEC	\$2,003,940.26	\$37,401.19	\$1,966,406.58	0.19	2.55	619.3	2.17	12,656	\$158.34
Cardiac Arrhythmias	\$1,907,909.03	\$911,559.61	\$996,252.41	1.02	3.17	37.9	2.07	1,930	\$988.55
Diabetes	\$1,894,501.30	\$395,188.04	\$1,491,504.20	0.77	4.33	196	1.47	9,431	\$200.88
Renal Function Failure	\$1,768,098.29	\$315,749.08	\$1,430,876.25	0.22	8.62	9.87	0.34	621	\$2,847.18
Urinary Tract Calculus	\$1,712,470.69	\$247,646.07	\$1,464,824.62	0.94	2.29	13.33	3.45	826	\$2,073.21

*Based on ICD-9 codes that could not be attributed to any other condition.

In summary the top 25 clinical conditions represent over 58% of total paid claims for all clinical conditions.

Summary	Total Medical Payments	Medical Payments Inpatient	Medical Payments Outpatient	Admissions Per 1000 Members	Average Length of Stay per Admission	Office Visits Per 1000 Members	ER Visits Per 1000 Members
Top Clinical Conditions	\$97,307,807	\$28,262,431	\$68,841,571	42.1	3.72	5,325.97	94.86
All Clinical Conditions	\$166,506,886	\$50,864,299	\$115,235,419	84.12	4.08	8,184.05	205.61
Top Clinical Conditions as Pct of All Clinical Conditions	58.44%	55.56%	59.74%	50.05%	91.07%	65.08%	46.13%

Claims Lag Analysis

The following claims lag information is based on medical claims (does not include Rx) incurred from January 2006 to March 2006.

Plans	Number of Medical Claims	Avg Days Lag Per Claim	% Claims Paid Within 30 Days	% Claims Paid Within 60 Days	% Claims Paid Within 90 Days
Commonwealth Enhanced	666,044	21.3	80.11%	91.36%	96.36%
Commonwealth Essential	14,855	26.2	73.25%	87.08%	94.28%
Commonwealth Premier	946,898	21.3	79.96%	91.55%	96.41%
~Missing*	4,477	31.6	64.60%	82.67%	91.91%
All Plans	1,632,274	21.4	79.92%	91.41%	96.36%

*Missing means the claims could not be tagged to a specific plan.

The following claims lag information is based on all claims (Medical and Rx) incurred and paid during the most recent rolling year.

Paid	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05
Incurred						
Jul-05	\$20,242,287	\$39,162,517	\$4,709,300	\$2,150,245	\$1,184,157	\$414,705
Aug-05	N/A	\$26,774,820	\$34,666,259	\$5,664,002	\$1,932,458	\$1,344,595
Sep-05	N/A	N/A	\$21,618,768	\$33,910,200	\$5,174,398	\$2,145,625
Oct-05	N/A	N/A	N/A	\$24,184,504	\$38,473,429	\$5,465,292
Nov-05	N/A	N/A	N/A	N/A	\$23,681,263	\$38,498,406
Dec-05	N/A	N/A	N/A	N/A	N/A	\$25,805,048
Jan-06	N/A	N/A	N/A	N/A	N/A	N/A
Feb-06	N/A	N/A	N/A	N/A	N/A	N/A
Mar-06	N/A	N/A	N/A	N/A	N/A	N/A
Apr-06	N/A	N/A	N/A	N/A	N/A	N/A
May-06	N/A	N/A	N/A	N/A	N/A	N/A
Jun-06	N/A	N/A	N/A	N/A	N/A	N/A

Paid	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06
Incurred						
Jul-05	\$162,343	\$205,034	\$50,771	\$142,666	\$114,860	-\$6,852
Aug-05	\$385,242	\$284,379	\$231,802	\$88,076	\$116,256	\$86,609
Sep-05	\$816,131	\$487,305	\$551,737	\$159,388	\$106,313	\$422,552
Oct-05	\$2,047,507	\$1,117,209	\$430,247	\$359,710	\$87,229	\$69,108
Nov-05	\$4,839,072	\$1,922,761	\$908,620	\$468,923	\$191,552	\$142,671
Dec-05	\$35,809,332	\$4,957,617	\$2,461,612	\$593,741	\$444,098	\$252,946
Jan-06	\$34,335,774	\$23,431,436	\$7,952,052	\$3,068,857	\$2,162,211	\$1,499,924
Feb-06	N/A	\$33,503,834	\$27,144,347	\$5,802,213	\$2,507,251	\$1,664,661
Mar-06	N/A	N/A	\$42,751,720	\$28,170,351	\$6,467,371	\$3,433,255
Apr-06	N/A	N/A	N/A	\$34,493,824	\$28,818,743	\$4,394,032
May-06	N/A	N/A	N/A	N/A	\$41,364,672	\$29,071,746
Jun-06	N/A	N/A	N/A	N/A	N/A	\$43,026,694

Claims Distribution based on Age/Gender

The following is based on claims incurred from January 2006 to March 2006.

	Female			Male		
Age Group Medstat	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	63	\$841,985.34	\$13,301.51	61	\$668,108.82	\$11,006.74
Ages 1-4	4,173	\$2,180,473.69	\$522.56	4,295	\$2,997,354.44	\$697.87
Ages 5-9	5,651	\$1,462,065.20	\$258.74	5,926	\$1,783,437.84	\$300.94
Ages 10-14	6,402	\$2,078,945.88	\$324.75	6,726	\$1,652,401.07	\$245.66
Ages 15-17	4,476	\$1,630,343.27	\$364.27	4,682	\$1,973,696.37	\$421.52
Ages 18-19	3,136	\$1,400,344.60	\$446.50	3,335	\$1,078,007.79	\$323.27
Ages 20-24	7,009	\$3,247,233.68	\$463.31	6,257	\$1,812,692.77	\$289.72
Ages 25-29	7,875	\$5,698,091.38	\$723.59	3,816	\$1,331,353.22	\$348.91
Ages 30-34	8,700	\$7,138,360.11	\$820.53	4,695	\$2,028,253.10	\$431.98
Ages 35-39	10,522	\$8,726,592.86	\$829.37	5,491	\$2,866,536.10	\$522.01
Ages 40-44	11,665	\$11,751,615.89	\$1,007.43	6,257	\$4,602,250.76	\$735.57
Ages 45-49	14,496	\$15,048,010.23	\$1,038.06	7,713	\$7,253,462.95	\$940.38
Ages 50-54	17,642	\$21,093,146.35	\$1,195.62	10,299	\$11,692,152.49	\$1,135.24
Ages 55-59	19,488	\$27,116,593.12	\$1,391.43	12,538	\$17,274,923.07	\$1,377.84
Ages 60-64	14,622	\$24,519,829.45	\$1,676.95	9,762	\$18,198,432.19	\$1,864.27
Ages 65-74	3,762	\$7,041,991.86	\$1,872.02	2,756	\$5,706,571.01	\$2,070.82

Allowed Amount Distribution

The following shows the distribution of members with allowed amount of charges within specified ranges from January 2005 to March 2006. The distribution is based on incurred claims.

Allowed Amount	2005	2006
less than 0.00	142	1
\$0.00 - \$499.99	49,614	97,563
\$500.00 - \$999.99	29,299	36,815
\$1,000.00 - \$1,999.99	35,373	26,054
\$2,000.00 - \$4,999.99	47,428	16,898
\$5,000.00 - \$9,999.99	26,176	5,636
\$10,000.00 - \$14,999.99	9,113	1,483
\$15,000.00 - \$19,999.99	4,050	672
\$20,000.00 - \$29,999.99	3,541	611
\$30,000.00 - \$49,999.99	2,305	467
\$50,000.00 - \$74,999.99	921	179
\$75,000.00 - \$99,999.99	394	46
\$100,000.00 - \$149,999.99	298	38
\$150,000.00 - \$199,999.99	110	12
\$200,000.00 - \$249,999.99	59	4
over \$249,999.99	74	8
Total	208,897	186,487

Summary of Enrollment and Claims

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
Apr-05	229,071	\$66,148,203	\$50,933,641	\$15,214,563	596,128	242,797	348,178
May-05	229,114	\$64,731,820	\$49,059,841	\$15,671,980	606,905	243,757	358,078
Jun-05	229,256	\$71,605,772	\$57,224,589	\$14,381,183	586,419	260,236	321,212
Jul-05	229,228	\$68,532,034	\$53,110,638	\$15,421,396	586,379	246,541	334,831
Aug-05	227,528	\$71,574,498	\$55,163,334	\$16,411,164	628,240	267,846	355,687
Sep-05	228,123	\$65,392,419	\$52,187,048	\$13,205,371	543,906	247,892	291,320
Oct-05	233,058	\$72,234,235	\$54,647,191	\$17,587,044	633,275	260,280	367,502
Nov-05	233,617	\$70,653,268	\$53,689,728	\$16,963,540	633,469	261,619	366,457
Dec-05	234,180	\$70,324,395	\$56,812,740	\$13,511,654	551,380	252,519	293,514
Jan-06	234,184	\$72,450,254	\$53,214,499	\$19,235,755	629,774	251,515	372,244
Feb-06	234,341	\$70,622,306	\$52,846,655	\$17,775,651	604,243	243,085	355,576
Mar-06	234,253	\$80,822,697	\$60,445,731	\$20,376,966	689,291	277,378	405,514

NOTE: Includes run out data from all Carriers

The following illustrates the change in incurred claims amounts (includes medical and Rx) by rolling year.

Incurred Rolling Years	Members	Total Medical and Rx Claims	Total Medical Claims	Total RX Claims
Apr 2004 - Mar 2005	228,030	\$772,361,158	\$599,577,560	\$172,825,940
Apr 2005 - Mar 2006	231,362	\$850,922,995	\$655,886,064	\$195,761,918
% Change (Roll Yrs)	1.50%	10.20%	9.40%	13.30%